



Vitals Aware Services

Adult Client Profile

Personal Data Questionnaire

CLIENT INFORMATION:

Name: _____
Address: _____
City & Zip: _____
Phone
number(s): _____
Date of Birth: _____ Sex ☐ Male ☐ Female Race _____

Nickname(s): _____
Name of
Spouse: _____
Diagnosis: _____

CAREGIVER(S) INFORMATION:

Name: _____ Phone _____
Address: _____
Email Address: _____
Relationship to
Client: _____

Name: _____ Phone _____
Address: _____
Email Address: _____
Relationship to
Client: _____

Other persons
the client might
contact: _____

PHYSICAL DESCRIPTION

Height:		Weight:		Build:	
Hair Color:		Hair Style:		Eye Color:	
Complexion:					
Briefly describe any distinguishing scars, marks or tattoos:					

General

Appearance: _____

If client does not understand English, what language is understood? _____

Does client wear glasses? ☐ Yes ☐ No Does client wear hearing aid(s) ☐ Yes ☐ No

Does client use: ☐ Cane ☐ Walker Does client go out alone? ☐ Yes ☐ No

Explain: _____

HEALTH CONDITION

Any known physical handicaps? _____

Any known medical problems? _____

List medications taken regularly and dosage: _____

Attending Physician: _____ Phone: _____

EXPERIENCE

Has client ever wandered off? ☐ Yes ☐ No

When? _____

Where? _____

Located by searchers or returned home on own? _____

HABITS

Interests: _____

☐ Outgoing ☐ Quiet Likes: ☐ Groups ☐ Would rather be alone

Which family member is client closest to? _____

Client is afraid of:

Dogs ☐ Yes ☐ No The dark ☐ Yes ☐ No Noises ☐ Yes ☐ No People ☐ Yes ☐ No

Other (explain)? _____

What actions does client take when hurt or frightened? (cry, shout, etc?)	
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Will client talk to strangers? ☐ Yes ☐ No

Is client dangerous to himself/herself/others? ☐ Yes ☐ No

PERSONAL ARTICLES NORMALLY CARRIED BY CLIENT

Tobacco products: ☐ Yes ☐ No Candy/Gum: ☐ Yes ☐ No

Matches: ☐ Yes ☐ No Lighter: ☐ Yes ☐ No

Food items: _____

ID Bracelet? ☐ Yes ☐ No

Cash? Amount: _____ Where carried? _____

If Alzheimer's Disease or Dementia has been diagnosed, please answer the following:

Does client remain oriented to time and person? ☐ Yes ☐ No

Does client recognize familiar persons and faces? ☐ Yes ☐ No

Can the client travel to familiar locations? ☐ Yes ☐ No

Does the client sometimes clothe himself/herself improperly? ☐ Yes ☐ No (shoes on wrong foot, underwear over clothing, etc.)

Does client remember own name and the names of spouse and/or children? ☐ Yes ☐ No

How well does the client communicate verbally? ☐ None ☐ Poor ☐ Fair ☐ Good ☐ Excellent

Are there any other devices currently being used to track this client? (i.e., find my iphone, GPS devices, AngelSense, etc.) ☐ Yes ☐ No (please list below if answer is “yes”)

By signing below, the caregiver agrees to enroll their loved one (named on page 1 of this questionnaire under “client information”) in the Folsom Police Department’s Vitals Aware Services Program. In doing so, the caregiver will receive one free beacon for the client. Changing of the batteries within the beacons are the caregiver’s responsibility. Batteries within the beacons can last anywhere from 5 months to one year depending on the beacon utilized. Should this beacon become lost or damaged, it is the caregiver’s responsibility to contact Vitals Aware Services at 612-599-7595 for a replacement beacon at their cost. (Average cost of a replacement beacon is \$20-\$25 depending on the beacon)

_____ Print Name

_____ Signature

_____ Date